COMPREHENSIVE FAMILY SUPPORT

APPENDIX



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Children at Home Application, Form 470-4399

Purpose Form 470-4399 is used to apply for the Children at Home

program. The information on the form is used to determine

eligibility.

Source This form is available as a template in the public state-approved

forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the

manual.

Completion The local contractor or local office gives or mails form 470-4399

to the applicant when assistance is requested.

The applicant completes the form on behalf of a child with a developmental disability or enlists the help of an interested

party in preparing the form.

If the application is not compete when it is filed, it must be fully

completed by the local contractor through an interview or correspondence with the applicant or representative.

correspondence with the applicant or representative.

Distribution The client should return the form to the local contractor. See

16-F, <u>Application Process for Comprehensive Family Support</u>, for a list of local contractors. If the form is returned to the local

office, date-stamp the form and forward it to the local

contractor immediately.

Data The form requests information necessary to determine Children

at Home program eligibility.

Effect of Family Support Subsidy, RC-0032

Purpose RC-0032 provides guidance for families applying for the family

support subsidy. The information on the form is used to determine the impact of family support subsidy benefits on

other programs.

Source Supplies may be printed or photocopied as needed from the

sample in the manual.

Completion The local office or Central Office includes this form with the

Family Support Subsidy Application packet.

Distribution The client retains this form for future reference.

Data The form provides information necessary for applicants to make

informed decisions regarding applying for the family support

subsidy.

Family Support Subsidy Application, Form 470-2526

Purpose Form 470-2526 is used to apply for family support subsidy. The

information on the form is used to determine eligibility.

Source This form is available as a template in the public state-approved

forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the

printed.

Completion The local office or Central Office gives or mails form 470-2526

to the applicant when assistance is requested.

The applicant completes the form on behalf of a child with a developmental disability or enlists the help of an interested

party in preparing the form.

If the application is not completed when it is filed, it must be fully completed by Central Office staff member through an

interview or correspondence with the applicant or

representative.

Distribution The applicant may return the form to the local office or mail it

to Iowa Department of Human Services, CFS Division, 1305 East Walnut, Des Moines, Iowa 50319-0114). If the form is returned to the local office, date-stamp the form and forward it

immediately to the Central Office address listed above.

Data The form requests information necessary to determine family

support subsidy eligibility.

Family Support Subsidy Renewal Application, Form 470-3004

Purpose Form 470-3004 is used to reapply for the family support

subsidy each year. The information on the form is used to

determine ongoing eligibility

Source This form is available as a template in the public state-approved

forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the

manual.

Completion Central Office mails form 470-3004 to the recipients annually.

A person who wishes to continue receiving assistance through the Family Support Subsidy program completes the form.

The applicant completes the form on behalf of the eligible child or enlists the help of an interested party in preparing the form.

If the application is not compete when it is filed, it must be fully completed by a Central Office staff member through an

interview or correspondence with the applicant or

representative.

Distribution The client may fax the form to Central Office at 515-281-6248

or mail it to the address below.

Iowa Department of Human Services Division of Child & Family Services 1305 East Walnut Street, 5th Floor

Des Moines, IA 50319-0114

If the form is returned to the local office, date-stamp the form

and forward it to the Central Office.

Data The form requests information necessary to determine ongoing

family support subsidy eligibility.

Notice of Decision: Services, Form 470-0602 and 470-0602(S)

Purpose

Form 470-0602 is used to notify a service applicant or recipient of all actions taken which affect the client's case and which are not court-ordered. The form presents the information in a way that meets due process requirements and documents these actions.

Source

This form is available as a template in the public state-approved forms folder on Outlook. Supplies of the form may also be printed or photocopied as needed from the sample in the manual.

Completion

Central office prepares an original and one copy of this form to notify clients of family support subsidy eligibility determinations and the following case actions:

- An application is approved, denied, or withdrawn.
- ♦ The service is changed.
- Services are terminated.
- A client is required to pay client participation.
- The client participation amount changes.
- Services are renewed as a result of a regular or special review.

NOTE: Do not continue family support subsidy benefits beyond the child's 18th birthday even if an appeal is timely.

Distribution

Give the original to the client. File a copy in the case record.

Data

Identifying Information: The case number may be omitted on applications.

Explanation of Action: Include in this section:

- ♦ The action taken;
- ♦ The amount of assistance, and
- ♦ The specific basis for the action in words the client can understand.

Notice of Decision: Services 470-0602 and 470-0602(S)

If assistance is being reduced, state the reason clearly. For a termination, include the basis for cancellation and the reason for termination.

Manual or Rule References: State the chapter and subsection of the Employees' Manual and the administrative rule reference that support the action taken.

Fees: Leave blank.



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
EUGENE I. GESSOW, DIRECTOR

December 12, 2008

GENERAL LETTER NO. 16-F-AP-2

ISSUED BY: Bureau of Child Care and Community Services,

Division of Child and Family Services

SUBJECT: Employees' Manual, Title 16, Chapter F, Appendix, COMPREHENSIVE

FAMILY SUPPORT APPENDIX, Title page, revised; Contents (page 1), revised; pages 1 through 5, revised; page 6, new; and the following

forms:

470-4399	Children at Home Application, new
RC-0032	Effect of Family Support Subsidy, revised
470-2526	Family Support Subsidy Application, revised
470-3004	Family Support Subsidy Renewal Application, revised
470-0602	Notice of Decision: Services, new
470-0602(S)	Notice of Decision: Services (Spanish) new

Summary

The title of this chapter, formerly "Family Support Subsidy Program," has been changed. "Comprehensive Family Support" encompasses two distinct but related programs, the Family Support Subsidy and Children at Home. Both programs assist families raising a child with a developmental disability.

- ♦ The Family Support Subsidy is a monthly stipend provided to eligible families and is administered by the central office.
- ♦ The Children at Home program provides small grants based on individual requests from families and is administered locally by contractors.

This chapter is revise to reflect current policies and practices. Two key changes are as follows:

- ♦ Eligibility for the Family Support Subsidy is now affected by availability of other resources such as Medicaid HCBS waivers and the Children at Home program.
- Children who appeal termination of Family Support Subsidy benefits at age 18 do not continue to receive benefits while their appeal is being resolved.

Effective Date

Immediately.

Material Superseded

Remove the entire Chapter F from Employees' Manual, Title 16, Appendix, and destroy it. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	December 27, 1988
Contents (page 1)	December 27, 1988
470-2526	12/88
1, 2	December 27, 1988
470-2538	12/88
470-2537	12/88
3, 4	December 27, 1988
Effect of Family Support Subsidy on Other Types of Assistance	12/88
470-2539	12/88
5	December 27, 1988

Additional Information

Refer questions about this general letter to the family support program manager in the Bureau of Child Care and Community Services by calling 515-281-5584.